

EMPLOYER'S SEPARATION STATEMENT

For Office Use Only:

IMPORTANT: Please complete all information related to the separation and return with Employer Notice, K-BEN 44/45. This form must be attached to the Employer Notice along with any supporting documentation.

Supporting documentation may include written warnings, company policies, medical statements, etc. Failure to submit complete information shall bar you from protesting any subsequent decision made regarding this claim (K.S.A. 44-709(b)). The information provided will be used to determine if benefits should be paid and if your account will be charged, if you are a base period employer. A determination will be mailed to you at a later date.

Claimant's Name _____ Social Security Number _____

Company Name _____

☐ I DO NOT WISH TO PROVIDE ANY SEPARATION INFORMATION.

LEAVE OF ABSENCE – Complete if reason for separation was leave of absence.

Date leave began? _____ Date leave will end? _____ If no definite return date, please explain. _____

Did claimant request the leave, or was this leave mandatory? Please explain (*include reason for leave*) _____

DISCHARGED – Complete if reason for separation was discharge. If more space is needed, attach additional sheets and any supporting documents you have.

Who discharged the claimant? Name: _____ Title: _____

What reason was claimant given for discharge? _____

What was the final incident that led to claimant's discharge? (*Explain in detail*). _____

Was claimant discharged due to a violation of company policy? ☐ YES ☐ NO If yes, what policy was violated? _____

Was claimant given any verbal or written warnings? ☐ YES ☐ NO If yes, provide dates and reasons for each warning. _____

How was the claimant made aware of the policy? (written policy, company handbook, etc.) _____

Was claimant discharged due to absenteeism? ☐ YES ☐ NO Was claimant given any written warnings? ☐ YES ☐ NO

If yes, provide dates and reason for absences. _____

Do you have a written policy regarding attendance/absenteeism? ☐ YES ☐ NO If yes, provide a copy of the specific policy that relates to this separation.

Claimant's Name _____ Social Security Number _____

Was claimant given written notice that future absence may or will result in discharge? ☐ YES ☐ NO If yes, give dates. _____

Was claimant discharged because of the use or sale of alcohol or drugs on the job? ☐ YES ☐ NO What caused you to suspect the use of alcohol or drugs on the job? _____

Is there proof relating to the incident? (Witnesses, signed statement, charges filed, police reports, test results) ☐ YES ☐ NO
If yes, please provide copy of proof. _____

Did claimant refuse to submit to, or fail a chemical test required by law? ☐ YES ☐ NO What law? (Please explain) _____

Did claimant refuse to submit to a chemical test pursuant to an employee assistance program or other drug or alcohol treatment program the claimant was participating in? ☐ YES ☐ NO If yes, please explain. _____

Was the test a required condition of employment for the claimant's job? ☐ YES ☐ NO

QUIT – Complete if reason for separation was quit. If more space is needed, attach additional sheets and any supporting documents you have.

Did the claimant give notice of leaving? ☐ YES ☐ NO If yes, what was the effective date of resignation? _____

What reason did the claimant give for quitting? _____

Did claimant request a job transfer prior to leaving? ☐ YES ☐ NO Was one available? ☐ YES ☐ NO (Please explain) _____

Did claimant quit because of medical reasons? ☐ YES ☐ NO Did the claimant give you medical proof of his/her inability to perform customary duties? _____

Was work available with the claimant's medical restrictions? ☐ YES ☐ NO If yes, was the claimant offered this work? Did claimant accept this work? (Please explain) _____

If you are a temporary agency that provides temporary employees, complete the following:

Did the claimant complete the last assignment? ☐ YES ☐ NO

If yes, did the claimant contact you and request another assignment? ☐ YES ☐ NO

Do you have a written company policy regarding how and when the employee is to contact you? ☐ YES ☐ NO

ADDITIONAL STATEMENT: Please include any additional comments that you may have regarding separation. _____

I do hereby certify that the information submitted is correct and complete.

Signature _____ Title _____ Date _____

Telephone Number & Extension () _____ Fax Number () _____

(You must also sign the Employer Notice (K-BEN 44/45) and return with this form.)